

**MULTIPLE IDENT CLAIM  
FEE ( ) ATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **763985** FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		1
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30	1		1		1	
31		1		1		1
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TOTAL IND.	3		3		2	
TOTAL DEP.	41		48		30	
TOTAL CLAIMS	44		51		32	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**BEST AVAILABLE COPY**